

220983

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for a Class C Taxi Certificate from
Maya Group, LLC DBA Charleston Downtown
Limo/Tropical Taxi

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2010-12-T
NUMBER: 2007 - 380 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Maya Group, LLC

Telephone: 843-723-1111

Address: 30 Society Street

Fax: 888-213-8110

Charleston, South Carolina

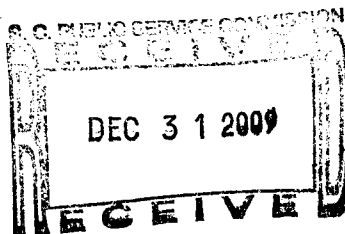
Other: _____

Email: carla@charlestonhospitalitygroup.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☒ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement



- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: _____

RECEIVED
JAN 11 2010
PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 12/28/2009

CLASS C - TAXI

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Maya Group, LLC DBA Charleston Downtown Limo/Tropical Taxi

30 Society Street, Charleston, South Carolina 29401

Street Address of Applicant

Mailing Address of Applicant if different from street address

843-723-1111

Phone

888-213-8110

Fax

carla@charlestonhospitalitygroup.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month December Year 2009

Assets:

Cash	3,000.00
Receivables	0
Real Estate	0
Buildings and Equipment (Net)	200.00
Motor Vehicles (Net)	131,000.00
Garage Equipment (Net)	0
Machinery and Tools (Net)	50.00
Supplies on Hand	50.00
Prepays and Other Assets	0
Total Assets	134,300.00
<u>Liabilities and Equity:</u>	
Accounts Payable	0
Notes Payable	111,500.00
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	111,500.00
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	22,800.00

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

*All rates are based on one or two passengers and are for one-way, non-stop trips

\$7 - Downtown Charleston

\$15 - Mt. Pleasant(to Bowman Rd. before Shem Creek), West Ashley, James Island (Harris Teeter - Folly Rd), Central Charleston.

\$20 - Mt. Pleasant (past Bowman Rd.), Central James Island (Maybank, County Park)

\$45-Sullivan's Island, Folly Beach, John's Island Airport, North Charleston (Amtrak,Charleston Airport, etc.), Isle of Palms, Daniel Island, Johns Island, & Northern Mt. Pleasant

\$80 - Kiawah Island and Seabrook Island

Counties to be Served:

Charleston

Maximum Number of Passengers per Vehicle:

6

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

The following insurance quote is for:

MAYA GROUP, LLC

(Name of Motor Carrier)

20 SOCIETY ST CHARLESTON, SC 29401

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance

11/100K CSL \$75K UM/UM (\$4,572⁰⁰)
ANNUAL
PREMIUMThe above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

MARKEL / ESSEX

(Insurance Company Name)

4521 HIGHTWOODS PARKWAY GREEN ALLEN, VA 23060

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

11-12-09
Date

(Authorized Insurance Company Representative)

Exhibit FWA

Maya Group, LLC DBA Charleston Downtown Limo/Tropical Taxi
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Taxi Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA)

COUNTY OF Charleston)

Carla Knight Westmoreland
Applicant's Signature

I, Carla Knight Westmoreland, Business Development Manager
Name of Applicant's Representative Title

of Maya Group, LLC dba Downtown Charleston Limo/Tropical Taxi,
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Carla Knight Westmoreland
Signature of Applicant's Representative

SWORN TO BEFORE ME
This 24th day of December, 2009

Doris A. Muller
Notary Public For SC

Commission Expires 7/11/2017

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

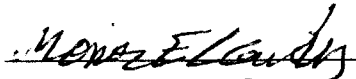
MAYA GROUP, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on October 15th, 2007, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

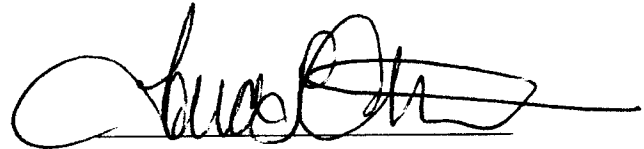
Given under my Hand and the Great
Seal of the State of South Carolina this
15th day of October, 2007.


Mark Hammond, Secretary of State

4/09/2008

This paper is to declare that Monir H. Elgendy is no longer the owner of Maya Group, LLC dba Sphinx Limousine and Shuttle and will therefore no longer have anything to do with Maya Group or any of its DBA's. Monir Elgendy will also relinquish all of Maya Group's property and paperwork over to the current owner Sam Mustafa. This paper is effective from today 4/09/2008.


Monir H. Elgendy


Tara Charbonneau

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

OCT 29 2008

MEMBERS STATEMENT
OF DISSOCIATION
FROM A LIMITED LIABILITY COMPANY



SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The following member of the Limited Liability Company hereby files this statement of Dissociation in accordance with Section 33-44-704 of the 1976 South Carolina Code of Laws, as amended.

1. Name of the Limited Liability Company from which a member has dissociated:

Maya Group, LLC

2. Name of member who has dissociated from the Limited Liability Company:

Monir H Elgendy

80-C America Street

Street Address

Charleston
City

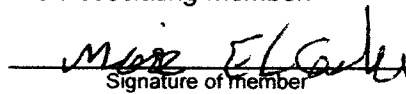
South Carolina
State

29403
Zip Code

3. Unless otherwise specified, this statement is effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

4. This statement is being filed by:

- [] a. The dissociating member:

 _____
Signature of member Date 9/30/08

- [] b. The Limited Liability Company:

 _____
Signature Date 9/30/08

Name

Capacity

081029-0020
MAYA GROUP, LLC

FILED: 10/29/2008

Filing Fee: \$2.00 ORIG



Mark Hammond

South Carolina Secretary of State

FEB 08 2008

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

NOTICE OF CHANGE OF (1) DESIGNATED OFFICE,
(2) AGENT FOR SERVICE OF PROCESS, OR
(3) ADDRESS OF AGENT



SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

Pursuant to Section 33-44-109 of the South Carolina Code of Laws, as amended, the limited liability company submits the following statement of change.

1. The name of the limited liability company is Maya Group, LLC
2. The limited liability company is (check either "a" or "b," whichever is applicable)
☒ a. A South Carolina limited liability company.
☐ b. A foreign limited liability company authorized to transact business in South Carolina.


3. (a) The street address of the current designated office in South Carolina is

80-C America Street
Street Address
Charleston Charleston County 29403 
City County Zip Code

- (b) The name of the company's current agent for service of process is

Monir H Elgendy
Name

- (c) The street address of the current agent for service of process in South Carolina is

80-C America Street 
Street Address
Charleston 29403
City Zip Code

4. ☒ The company is changing the address of the agent for service of process.

The street address to which agent for service of process in South Carolina is to be changed is

1842 Falling Creek Circle
Street Address
Mount Pleasant 29464
City Zip Code

080222-0164
MAYA GROUP, LLC

FILED: 02/08/2008

Filing Fee: \$10.00 ORIG



Mark Hammond

South Carolina Secretary of State


5. ☒ The company is changing the address of its designated office.

The address to which the designated office in South Carolina is to be changed is

PO Box 503
Street Address
Charleston 29402
City Zip Code

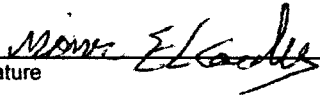
6. ☒ The company is changing its agent for service of process.

The name of the new agent for service of process is

Sam Mustafa
Name

Signature of new agent

7. Unless a delayed date is specified, this application will be effective when endorsed for filing by the Secretary of State.
Specify any delayed effective date and time: _____

Date 2/11/2008


Signature
Monir H Elgendy Member
Name Capacity

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this form by computer disk which will allow additional space to be included in the form.
3. If management of this foreign limited liability company is vested in a manager, a manager shall execute this notice of change. If management is vested in the members, a member shall execute this notice of change. Specify in which capacity the person is signing.
4. This form must be accompanied by the filing fee of \$10.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
LIMITED LIABILITY COMPANY

DECLINED TO BE A LIMITED LIABILITY COMPANY
AS TAKEN FROM THE ORIGINAL DOCUMENT

2007 10 15

Mark Hammond
Secretary of State

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the 1976 South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the South Carolina Code of 1976, as amended is MAYA GROUP, LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is
80-C AMERICA STREET

Street Address

CHARLESTON, SC 29403

City

Zip Code

3. The initial agent for service of process of the Limited Liability Company is

MONIR H. ELGENDY

Name

Signature *Monir H. Elgendy*

and the street address in South Carolina for this initial agent for service of process is

80-C AMERICA STREET

Street Address

CHARLESTON, SC 29403

City

Zip Code

4. The name and address of each organizer is

(a) MONIR H. ELGENDY

Name

80-C AMERICA STREET

Street Address

City

CHARLESTON, SC 29403

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

(Add additional lines if necessary)

5. ☐ Check this box only if the company is to be a term company. If so, provide the term specified:

071015-0134
MAYA GROUP, LLC

FILED: 10/15/2007

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

6. ☒ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:

(a) **MONIR H. ELGENDY**
Name

80-C AMERICA STREET
Street Address City

CHARLESTON, SC 29403
State Zip Code

(b) _____
Name

Street Address City

State Zip Code

(c) _____
Name

Street Address City

State Zip Code

(d) _____
Name

Street Address City

State Zip Code

(Add additional lines if necessary)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time:

9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.

10. Signature of each organizer

Monica E. L. Gentry

Date October 13, 2007

(Add Additional lines if necessary)

FILING INSTRUCTIONS

1. File two copies of this form, the original and either a duplicate original or a conformed copy.
2. If space on this form is not sufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of the space on the form.
3. This form must be accompanied by the filing fee of \$110.00 payable to the Secretary of State.

Return to: Secretary of State
P.O. Box 11350
Columbia, SC 29211

NOTE

THE FILING OF THIS DOCUMENT DOES NOT, IN AND OF ITSELF, PROVIDE AN EXCLUSIVE RIGHT TO USE THIS CORPORATE NAME ON OR IN CONNECTION WITH ANY PRODUCT OR SERVICE. USE OF A NAME AS A TRADEMARK OR SERVICE MARK WILL REQUIRE FURTHER CLEARANCE AND REGISTRATION AND BE AFFECTED BY PRIOR USE OF THE MARK. FOR MORE INFORMATION, CONTACT THE TRADEMARKS DIVISION OF THE SECRETARY OF STATE'S OFFICE AT (803) 734-1728.